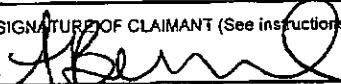


| | | | | |
|--|------------------------------|--|--|--|
| CLAIM FOR DAMAGE, INJURY, OR DEATH | | INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. | | FORM APPROVED OMB NO. 1105-0008 |
| <p>1. Submit To Appropriate Federal Agency: USPS Tort Claims 900 E Fayette ST RM 510 Baltimore, MD 21233-9333</p> | | <p>2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code) Allstate Insurance Subrogee for: Chi Pena PO Box 21169 Roanoke, VA 24018</p> | | |
| 3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN | 4. DATE OF BIRTH 2/6/1978 | 5. MARITAL STATUS Married | 6. DATE AND DAY OF ACCIDENT 2/19/2014 | 7. TIME (A.M. OR P.M.) 5:15 PM |
| <p>8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.)</p> <p>Loss Location: Boyds, MD at my insured's work place</p> <p>Cause of Loss: My insured's vehicle was parked at the time of loss. Your insured, MD Jakariya, made a sharp turn and struck my insured's vehicle. Vehicle ID # - 4870114</p> | | | | |
| 9. PROPERTY DAMAGE | | | | |
| <p>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). Chi Pena PO BOX 174 SPENCERVILLE, MD 20868-0174</p> | | | | |
| <p>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side.)</p> <p>2001 Toyota Avalon - Front Fender: bumper, headlight- driver side, hood</p> | | | | |
| 10. PERSONAL INJURY/WRONGFUL DEATH | | | | |
| <p>STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.</p> <p>N/A</p> | | | | |
| 11. WITNESSES | | | | |
| NAME | | ADDRESS (Number, Street, City, State, and Zip Code) | | |
| N/A | | N/A | | |
| 12. (See Instructions on reverse.) | | AMOUNT OF CLAIM (in dollars) | | |
| 12a. PROPERTY DAMAGE \$2,153.97 | 12b. PERSONAL INJURY | 12c. WRONGFUL DEATH | 12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$2,153.97 | |
| <p>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM</p> | | | | |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)  | | 13b. Phone number of person signing form 540.725.7061 | | 14. DATE OF SIGNATURE March 24, 2014 |
| CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM | | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.) | | |
| <p>The claimant is liable to the United States Government for the civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729.)</p> | | | | |

| INSURANCE COVERAGE | | |
|---|--|--|
| In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property. | | |
| 15. Do you carry accident insurance? <input checked="" type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input type="checkbox"/> No Allstate Insurance PO Box 21169 Roanoke, VA 24018 | | |
| 16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Out of Pocket Rental Costs: \$28.91 | | 17. If deductible, state amount. \$100.00 |
| 18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts.) Allstate Claim: 0316811116 | | |
| 19. Do you carry public liability and property damage insurance? <input checked="" type="checkbox"/> Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). <input type="checkbox"/> No | | |
| INSTRUCTIONS | | |
| <p>Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.</p> <p>Complete all items - Insert the word NONE where applicable.</p> <p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY</p> <p>Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</p> <p>If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.</p> <p>DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</p> | | |
| PRIVACY ACT NOTICE | | |
| <p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.</p> <p>B. Principal Purpose: The information requested is to be used in evaluating claims.</p> <p>C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".</p> | | |
| PAPERWORK REDUCTION ACT NOTICE | | |
| <p>This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p> | | |

**Authorization for Insurance Company to Include Deductible
in Subrogation Claims**

To:

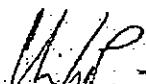
I, CHI LAN PEÑA, hereby authorize my insurance company
(Name of Insured),

ALL STATE to act as my agent in recovery of my
(Name of Insurance company)

Insurance deductible of \$ 100.00 incurred as a result of an incident that
occurred on or about FEB 19, 2014.
(Date of Incident)

Insurance company's claim number: 0316811116

Signature of Insured



Date signed FEB 25, 2014

* This form is required for all FTCA claims when the Standard form 95 is
signed by the insurance company "as subrogee and agent" of the insured

SENDER COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Philip Ventura Jr.
100 E Fayette St Rm 510
Baltimore MD 21233-9333

COMPLETE THIS SECTION ON DELIVERY

| | |
|---|--|
| A. Signature X Jones | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| B. Received by (Printed Name) Jones | C. Date of Delivery APR 07 2014 |
| D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |

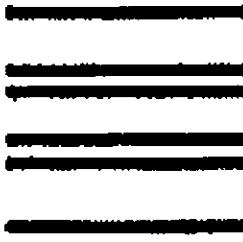
2 Article Number
~~Mark for return service label~~

7012 2920 0000 3707 7177

PS Form 3811, July 2013

Domestic Return Receipt

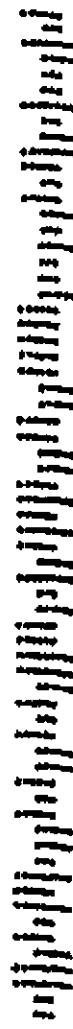
UNITED STATES POSTAL SERVICE
MAIL BOX
ZIP CODE 144



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box.

Roanoke Nat'l Subrogation Claim Cntr
PO Box 21169
Roanoke, VA 24018



PENA, CHI - Policy 000928582247 - Claim #0316811116 - 4/21/2014 - Allstate NEXTGEN

Allstate **NEXTGEN**

Claim # 0316811116 Send Email Alerts & FYI Find Claim Search Advanced Search HSW

Tasks Create Claim History Send Forms and Correspondence Financials Performers Other Functions...

Financial Log >

Payment Summary

| | | |
|---|-----------------------------|------------------------------------|
| EFT/Check #: 12152 | Cashed Date: | |
| Payer: ALL STATE ROADSIDE SERVICES | Payment Amount: \$98.85 USD | |
| Mail To: ALL STATE ROADSIDE SERVICES | | |
| PO BOX 4443, CAROL STREAM, IL 60197-4443 US | | |
| Loss on 2/19/2014, | | |
| Invoice Date: 3/8/2014 | Invoice #: 10000224879 | Invoice Amount: 98.85 USD |
| Payment Method: Electronic Fund Transfer | Dates From: | To: |
| Issued By: SYSTEMATIC PAYMENTS | Issue Date: 3/11/2014 | Company: Allstate Indemnity Com... |

Additional Comments:
Check Stub Wording: In payment for Collision for Date of Loss 2/19/2014.

| Payment Type | Method of Transaction | Reason | Billed | Amount To |
|----------------------|-----------------------|-------------------|----------|---------------------|
| Claim #: 0316811116 | Insured: CHI L PENA | | | |
| CHI L PENA/Collision | | | | |
| Loss Payment | Total Loss | Regular Collision | Services | 98.85 USD 98.85 USD |

Add Pay View Pay Payment Payment
File Note File Notes Setup Details Back

Local instance | Protected Mode Off 100% 125%

PENA, CH - Policy 000924582247 - Composite.htm - C:\Windows\Temp\ - Internet Explorer

Allstate NEXTGEN

Claim # 0316811116 Send Email Alerts & FYI Find Claim Search Advanced Search HOW

Tasks Create Send Forms and Correspondence Financials Performers Other Functions...

History

Financial Log >

Payment Summary

| | | | |
|--------------------|---|------------------------|------------------------------------|
| EFT/Check #: | 12149 | Cashed Date: | |
| Payer: | ENTERPRISE HOLDINGS INC | Payment Amount: | 390.00 USD |
| Mail To: | ENTERPRISE HOLDINGS INC P.O. Box 840686, Kansas City, MO 64184-0686 US | | |
| Loss on 2/19/2014. | | | |
| Invoice Date: | 3/5/2014 | Invoice #: 1696D185726 | Invoice Amount: 390.00 USD |
| Payment Method: | Electronic Fund Transfer | Dates From: | To: |
| Issued By: | SYSTEMATIC PAYMENTS | Issue Date: 3/6/2014 | Company: Allstate Indemnity Com... |

Additional Comments:
Check Stub Wording: In payment for Rental Reimbursement for Date of Loss 2/19/2014.

| Payment Type | Method of Transaction | Settlement Reason | Reason | Entered by | Amount To Pay |
|----------------------------------|-----------------------|----------------------|----------|------------|---------------|
| Claim #: 0316811116 | Insured: CHI L. PENA | | | | |
| CHI L. PENA/Rental Reimbursement | | | | | |
| Loss Payment | Rental | Rental Reimbursement | Services | 390.00 USD | 390.00 USD |

Add Pay Payment Setup Details Back Done Local Intranet | Protected Mode Off 125%

Other Participants

- BEST QUALITY AUTO REF
- ENTERPRISE HOLDINGS
- ALLSTATE ROADSIDE SE
- Allstate Staff Counsel (Att)

PENA, CHI - Policy 0002032247 - LIAISON (LIA) - 20140224 10:45 AM

Allstate NEXTGEN

Claim # 0316811116 Send Email Alerts & FYI Find Claim Search Advanced Search HOW?

Tasks Claim Create Send Forms and History File Note Correspondence Financials Performers Other Functions... Financial Log >

Payment Summary

| | | | |
|-----------------|--|-----------------|---------------------------|
| ELT/Check #: | 551316098 | Cashed Date: | 2/26/2014 |
| Payer: | CHI L PENA | Payment Amount: | 1,536.21 USD |
| Mail To: | CHI L PENA PO BOX 174, SPENCERVILLE, MD 20868-8174 US | | |
| In Payment For: | Loss on 2/19/2014. | Invoice #: | |
| Invoice Date: | | Invoice Amount: | |
| Payment Method: | Next Gen FCP Dates From: | To: | |
| Issued By: | DAVID KING Issue Date: 2/21/2014 | Company: | Allstate Indemnity Com... |

Additional Comments:
Check Stub Wording: In payment for Collision for Date of Loss 2/19/2014.

| Payment Type | Method of Payment | Transaction Settlement | Reason | Edited | Amount To Pay |
|-----------------------|-------------------|------------------------|-------------|-------------------|----------------------|
| Claim #: | 0316811116 | Insured: | CHI L. PENA | | |
| CHI L. PENA/Collision | | Loss Payment | Field | Regular Collision | Damages 1,536.21 USD |

Add Pay View Pay Payment Payment File Note File Notes Setup Details Back

Done Local Intranet | Protected Mode: Off 125%



Rental Company: Enterprise Rent-A-Car
Invoice: 1696 D185726

BILL To: ALL77EX
 ALLSTATE INSURANCE
 ATTN:ESCALATED RNTLS *ALLSTATE
 2600 CORPORATE DR
 BIRMINGHAM, AL 35242

RENTER INFORMATION:

Renter: PENA,CHI
 Address: 8003 GOOD LUCK RD
 LANHAM, MD 20706
 Home Phone: (301) 318-0342
 Office Phone: (301) 972-9527

RENTAL DETAIL:

Rental Period: 02/20/2014 to 03/04/2014 (13 days)

Billed Period: 02/20/2014 to 03/04/2014 (13 days)

| Description | Rate | Amount |
|------------------------------|----------|----------|
| 13 DAYS @ | \$28.50 | \$370.50 |
| 13 VLF | \$0.40 | \$5.20 |
| 1 SALES TAX | \$11.50 | \$43.21 |
| Total Charges: | \$418.91 | |
| Less Amount Received: | \$28.91 | |
| Total Amount Due: | \$390.00 | |

RENTAL INFORMATION:

Rental Branch Location:
 ENTERPRISE RENT-A-CAR(1696)
 14805 SOUTHLAWN LN
 ROCKVILLE, MD 208501320

ADDITIONAL CLAIM INFORMATION:

Claim Number: 0316811116
 Claim Type: Insured
 Vehicle Condition: Non-Driveable
 Date Of Loss: 02/19/2014
 Insured Name: NGUYEN,CHI
 Owner's Vehicle: 2001 TOYOTA AVALO
 Policy Max Date:
 Total Repair Cost: 1636.21
 Escalated Y/N:
 SLA Start Date: 02212014
 Estimate or Last Supplement Date: 02212014
 MOI: Field
 Repair Status: Estimate/SupplementUploaded
 ERAC Reference Only:
 Date Repair Started:
 SLA End Date: 02212014
 Date Vehicle Delivered:
 Total Loss Indicator:
 NextGen Occurrence: 1
 ACV Agree Date:
 Claimant ID Number: 01
 Coverage Code: UU
 Policy # of Days Limit:

Repair Facility:

BEST QUALITY AUTO REPAIR LLC
 ROCKVILLE, MD 20850
 (301) 838-5518

VEHICLES RENTED:

| Effective Date | Time | Year | Make | Model | VIN | Mileage |
|----------------|------|------|------|-------|-----|---------|
| | | 2013 | KIA | OPTI | | 0 |

Rental Invoice

Please Return This Portion with Remittance

| | |
|---|--|
| Make Payment To: ENTERPRISE RENT-A-CAR P.O. BOX 840086 KANSAS CITY, MO 641840086 Federal ID: 43-0724835 | Total Charges: \$418.91 |
| | Less Amount Received: \$28.91 |
| | Total Amount Due..... \$390.00 |

Please Include on your Check:
Invoice:1696 D185726

ATTN: AMARA BERNARD

ENTERPRISE RAC COMPANY, 14805 SOUTHLAWN LN, ROCKVILLE, MD 208501320 (301) 545-0076

RENTAL AGREEMENT REF#
185726 6Y386X

RENTER
PENA, CHI

ADDITIONAL DRIVER
PENA, CHESMAN

DATE & TIME OUT
02/20/2014 07:35 AM
DATE & TIME IN
03/04/2014 04:11 PM

BILLING CYCLE
CALENDAR DAY

VEH #1 2013 KIA OPTI 14LX
VIN# 5XKGM4A74DG205153
LIC# 4BB9783

MILES DRIVEN 997

BILL TO ACCOUNT
ALLSTATE INS-EXPRESS RENTALS**

ATTN: CADY, STEVEN
2600 CORPORATE DR
BIRMINGHAM, AL 35242

CLAIM INFO
0316811116
INSURED: NGUYEN CHI
LOSS DATE: 02/19/2014
INSURED
SHOP: BEST QUALITY AUTO REPAIR
LLC**
PHONE: (301) 836-5518

SUMMARY OF CHARGES

| Charge Description | Date | Quantity | Per | Rate | Total |
|-------------------------------|---------------|----------|-----------------------|---------|-----------------|
| TIME & DISTANCE | 02/20 - 03/04 | 13 | DAY | \$26.50 | \$370.50 |
| REFUELING CHARGE | 02/20 - 03/04 | | | | \$0.00 |
| YOUNG DRIVER FEE (18-99) | 02/20 - 03/04 | | | WAIVED | |
| | | | Subtotal: | | \$370.50 |
| Taxes & Surcharges | | | | | |
| MARYLAND SALES TAX | 02/20 - 03/04 | | | 11.5% | \$43.21 |
| VEHICLE LICENSE RECOVERY FEE | 02/20 - 03/04 | 13 | DAY | \$0.40 | \$5.20 |
| | | | Total Charges: | | \$418.91 |

BILL TO / Deposits

ALLSTATE INS-EXPRESS RENTALS**

| | | | | |
|------------------------------|---------------|----|---------|-------------------|
| TIME & DISTANCE | 02/20 - 03/04 | 13 | DAY | |
| MARYLAND SALES TAX | 02/20 - 03/04 | 1 | PERCENT | 11.5% |
| VEHICLE LICENSE RECOVERY FEE | 02/20 - 03/04 | 13 | DAY | |
| Subtotal: | | | | (\$390.00) |

DEPOSITS

Total Amount Due

\$0.00

PAYMENT INFORMATION

AMOUNT PAID TYPE
(\$77.76) Visa
\$106.57 Visa

CREDIT CARD NUMBER
xxxxxxxxxxxx6023 PENDING
xxxxxxxxxxxx6023

L total \$28.91

CH:031481114

3/4/2014

Allstate Indemnity Company

Clarksburg MCO
 22600 Gateway Center Drive
 Clarksburg, MD 20871
 Phone: (800) 347-5482

Claim #: 000316811116D01
 Workfile ID: 9132ed2a

Estimate of Record

Written By: DAVID KING, 2/21/2014 12:49:23 PM
 Adjuster: King, David, (301) 404-1448 Cellular

| | | | | | |
|------------------|---------------|---------------|---------------------|-----------------|-----------------|
| Insured: | CHI PENA | Policy #: | 000928582247 | Claim #: | 000316811116D01 |
| Type of Loss: | Collision | Date of Loss: | 02/19/2014 12:00 PM | Days to Repair: | 4 |
| Point of Impact: | 11 Left Front | Deductible: | 100.00 | | |

| Owner: | Inspection Location: | Appraiser Information: | Repair Facility: |
|--|--|--|--------------------------|
| CHI PENA PO BOX 174 SPENCERVILLE, MD 20868-0174 (301) 318-0342 Other TAZANGEL0501@YAHOO.COM | PENA, CHI 15300 Barnesville Rd Boyds, MD 20841 Work (301) 318-0342 Other | dave.king@allstate.com (301) 404-1448 | BEST QUALITY AUTO REPAIR |

VEHICLE

| | | | | | | | |
|--------|------------|-------------|-------------|----------|-------------------|------------------|--------|
| Year: | 2001 | Color: | SILVER Int: | License: | ANGLTAZ | Production Date: | |
| Make: | TOYO | Body Style: | 4D SED | State: | MD | Odometer: | 196215 |
| Model: | AVALON XLS | Engine: | 6-3.0L-FI | VIN: | 4T1BF28B81U154759 | Condition: | |

| | | | |
|------------------------|---------------------|----------------------|----------------------------|
| TRANSMISSION | Dual Mirrors | Climate Control | 4 Wheel Disc Brakes |
| Automatic Transmission | Body Side Moldings | Home Link | Front Side Impact Air Bags |
| Overdrive | Console/Storage | RADIO | SEATS |
| POWER | Wood Interior Trim | AM Radio | Cloth Seats |
| Power Steering | CONVENIENCE | FM Radio | Bucket Seats |
| Power Brakes | Air Conditioning | Stereo | WHEELS |
| Power Windows | Intermittent Wipers | Search/Seek | Aluminum/Alloy Wheels |
| Power Locks | Tilt Wheel | CD Player | PAINT |
| Power Mirrors | Cruise Control | Cassette | Clear Coat Paint |
| Heated Mirrors | Rear Defogger | SAFETY | OTHER |
| Power Driver Seat | Keyless Entry | Drivers Side Air Bag | Fog Lamps |
| Power Passenger Seat | Alarm | Passenger Air Bag | Power Trunk/Gate Release |
| DECOR | Message Center | Anti-Lock Brakes (4) | |

Estimate of Record

2001 TOYO AVALON XLS 4D SED 6-3.0L-FI SILVER

| Line | Oper | Description | Part Number | Qty | Extended Price \$ | Labor | Paint |
|------|---------------------|---|-------------|-----|-------------------|-------|-------|
| 1 | # | Thank you for doing business with Allstate | | 1 | 0.00 | 0.0 | 0.0 |
| 2 | # | Claim Representative: EXPRESS AUTO 800-255-7828 | | 1 | 0.00 | 0.0 | 0.0 |
| 3 | # | Estimate with payment issued to customer | | 1 | 0.00 | 0.0 | 0.0 |
| 4 | # | Supplement inspections to be performed after all tear downs | | 1 | 0.00 | 0.0 | 0.0 |
| 5 | # | and pulls have been performed | | 1 | 0.00 | 0.0 | 0.0 |
| 6 | # | Photos uploaded to file | | 1 | 0.00 | 0.0 | 0.0 |
| 7 | # | ***** | | 1 | 0.00 | 0.0 | 0.0 |
| | | **** | | | | | |
| 8 | FRONT BUMPER | | | | | | |
| 9 | | Repl Energy absorber | 52611AC030 | 1 | 78.12 | 0.1 | 0.0 |
| 10 | | R&I R&I bumper cover | | 0 | 0.00 | 1.0 | 0.0 |
| 11 | * <> | Rpr Bumper cover | | 0 | 0.00 | 2.0 | 2.6 |
| 12 | | Add for Clear Coat | | 0 | 0.00 | 0.0 | 1.0 |
| 13 | ** | Repl A/M Upper reinf | 52029AC030 | 1 | <u>40.00</u> | 0.3 | 0.3 |
| | | NOTE: EMPIRE AUTO PARTS | | | | | |
| 14 | | Add for Clear Coat | | 0 | 0.00 | 0.0 | 0.1 |
| 15 | # | Refn Partial Refinish w/ Full Clear | | 0 | 0.00 | 0.0 | -0.6 |
| 16 | * | R&I Molding | | 0 | 0.00 | 0.4 | 0.0 |
| 17 | GRILLE | | | | | | |
| 18 | * | Repl RCY Grille +25% | 53100AC040 | 1 | <u>125.00</u> | 0.5 | 0.0 |
| | | NOTE: STUP'S AUTO 301-663-6918 Q#330276. | | | | | |
| 19 | FRONT LAMPS | | | | | | |
| 20 | * | Repl RCY LT Headlamp assy +25% | 81150AC040 | 1 | <u>187.50</u> | 0.5 | 0.0 |
| | | NOTE: STUP'S AUTO 301-663-6918 Q#330276. | | | | | |
| 21 | | Aim headlamps | | 0 | 0.00 | 0.5 | 0.0 |
| 22 | ** | Rep! A/M LT Fog lamp bulb | LMPBP9006 | 1 | 11.54 | Incl. | 0.0 |
| 23 | | R&I RT Fog lamp assy | | 0 | 0.00 | 0.3 | 0.0 |
| 24 | | R&I LT Fog lamp assy | | 0 | 0.00 | 0.3 | 0.0 |
| 25 | # | LT FOG LAMP WIRING | | 1 | 0.00 | 0.5 M | 0.0 |
| 26 | HOOD | | | | | | |
| 27 | * | Rpr Hood | | 0 | 0.00 | 0.5 | 0.0 |
| | | NOTE: Align hood- hard to open after loss. | | | | | |
| 28 | FENDER | | | | | | |
| 29 | * | Rpr LT Fender | | 0 | 0.00 | 3.0 | 1.8 |
| | | NOTE: REPAIR/ALIGN | | | | | |
| 30 | | Overlap Major Non-Adj. Panel | | 0 | 0.00 | 0.0 | -0.2 |
| 31 | | Add for Clear Coat | | 0 | 0.00 | 0.0 | 0.3 |
| 32 | ** | Repl A/M LT Fender liner | T030D | 1 | 33.85 | 0.6 | 0.0 |
| 33 | ** | Repl A/M RT Fender liner | T030C | 1 | 33.85 | 0.6 | 0.0 |

Claim #: 000316811116D01
 Workfile ID: 9132ed2a

Estimate of Record

2001 TOYO AVALON XLS 4D SED 6-3.0L-FI SILVER

| | | | | | | | | | |
|-------------------------------------|---|------|---|------------------|---------------|--------|-------------|------------|-----|
| 34 | # | Subl | Two/Thrust Wheel Alignment NOTE: ALIGNMENT CHECK | 1 | 69.95 | X | 0.0 | 0.0 | |
| 35 | # | Repl | Cover Car | 1 | 8.00 | | 0.0 | 0.0 | |
| 36 | # | Repl | Corrosion Protection | 1 | 10.00 | T | 0.0 | 0.0 | |
| 37 ENGINE / TRANSAXLE | | | | | | | | | |
| 38 | * | Repl | RCY Lower resonator +25% | 178050A030 | 1 | 121.25 | m | 0.3 | 0.0 |
| NOTE: LKQ250 877-391-2727 Q#7396842 | | | | | | | | | |
| 39 OTHER CHARGES | | | | | | | | | |
| 40 | # | | E.P.C. | 1 | 3.00 | | | | |
| | | | | SUBTOTALS | 722.06 | | 11.4 | 5.3 | |

ESTIMATE TOTALS

| Category | Basis | Rate | Cost \$ |
|------------------------------|-----------|----------------|-----------------|
| Parts | | | 639.11 |
| Body Labor | 10.9 hrs | @ \$ 42.00 /hr | 457.80 |
| Paint Labor | 5.3 hrs | @ \$ 42.00 /hr | 222.60 |
| Mechanical Labor | 0.5 hrs | @ \$ 75.00 /hr | 37.50 |
| Paint Supplies | 5.3 hrs | @ \$ 28.00 /hr | 148.40 |
| Miscellaneous | | | 79.95 |
| Other Charges | | | 3.00 |
| Subtotal | | | 1,588.36 |
| Sales Tax | \$ 797.51 | @ 6.0000 % | 47.85 |
| Total Cost of Repairs | | | 1,636.21 |
| Deductible | | | 100.00 |
| Total Adjustments | | | 100.00 |
| Net Cost of Repairs | | | 1,536.21 |

SUPPLEMENT REQUEST PROCESS INSTRUCTIONS:

Supplement Request Fax Line: 866-501-5658

Estimate of Record

2001 TOYO AVALON XLS 4D SED 6-3.0L-FI SILVER

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMARKET CRASH PARTS THAT ARE NOT MANUFACTURED BY THE ORIGINAL MANUFACTURER OF THE VEHICLE OR BY A MANUFACTURER AUTHORIZED BY THE ORIGINAL MANUFACTURER TO USE ITS NAME OR TRADEMARK. THE USE OF CERTAIN AFTERMARKET CRASH PARTS MAY MODIFY THE ORIGINAL MANUFACTURER'S WARRANTY ON THE CRASH PARTS BEING REPLACED. UPON REQUEST OF THE CUSTOMER, THE BODY SHOP SHALL PROVIDE, IF AVAILABLE, A COPY OF ANY WARRANTY FOR AN AFTERMARKET CRASH PART USED.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide AEM8515, CCC Data Date 1/2/2014, and the parts selected are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor information provided by MOTOR may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM or A/M. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2014 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a complete list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category.
X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category.
M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Align.=Align. ALU=Aluminum. A/M=Aftermarket part. Blnd=Blend. BOR=Boron steel.
CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel.
HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace.
R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel.
Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N>Note(s) associated with the estimate line.

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2001 TOYO AVALON XLS 4D SED 6-3.0L-FI SILVER

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

IMPORTANT INFORMATION ABOUT THE NAMED INSURANCE COMPANY'S CHOICE OF PARTS POLICY.

THIS ESTIMATE MAY LIST PARTS FOR USE IN THE REPAIR OF YOUR VEHICLE THAT ARE MANUFACTURED BY A COMPANY OTHER THAN THE ORIGINAL MANUFACTURER OF YOUR VEHICLE. THESE PARTS ARE COMMONLY REFERRED TO AS AFTERMARKET PARTS OR COMPETITIVE PARTS, AND MAY INCLUDE COSMETIC OUTER BODY CRASH PARTS SUCH AS HOODS, FENDERS, BUMPER COVERS, ETC. THE INSURANCE COMPANY GUARANTEES THE FIT AND CORROSION RESISTANCE OF ANY AFTERMARKET/COMPETITIVE OUTER BODY CRASH PARTS THAT ARE LISTED ON THIS ESTIMATE AND ACTUALLY USED IN THE REPAIR OF YOUR VEHICLE FOR AS LONG AS YOU OWN IT. IF A PROBLEM DEVELOPS WITH THE FIT OR CORROSION RESISTANCE OF THESE PARTS, THEY WILL BE REPAIRED OR REPLACED AT THE INSURANCE COMPANY'S EXPENSE. THIS GUARANTEE IS LIMITED TO THE REPAIR OR REPLACEMENT OF THE PART. HOWEVER, IF YOU CHOOSE NOT TO USE ONE OR MORE OF THE AFTERMARKET/COMPETITIVE OUTER BODY CRASH PARTS THAT MAY BE LISTED ON THIS ESTIMATE IN THE REPAIR OF YOUR VEHICLE, THE INSURANCE COMPANY WILL SPECIFY THE USE OF ORIGINAL EQUIPMENT MANUFACTURER PARTS, EITHER NEW OR RECYCLED AT THE INSURANCE COMPANY'S OPTION, AT NO ADDITIONAL COST TO YOU. THE INSURANCE COMPANY DOES NOT SEPARATELY GUARANTEE THE PERFORMANCE OF ORIGINAL EQUIPMENT MANUFACTURER PARTS, AND MAKES NO REPRESENTATION ABOUT THE AVAILABILITY OF ANY MANUFACTURER'S GUARANTEE.

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2001 TOYO AVALON XLS 4D SED 6-3.0L-FI SILVER

ALTERNATE PARTS SUPPLIERS

| Line | Supplier | Description | Price |
|-------------|---|--|--------------|
| 22 | NAPA - NWPP Preston Keanum 2999 CIRCLE 75 PARKWAY ATLANTA GA 30339 (770) 956-2200 | #LMPBP9006 A/M LT Fog lamp bulb | \$ 11.54 |
| 32 | Empire Auto Parts, MD Michelle Lo 8870 Greenwood Place Savage MD 20763 (240) 554-1300 | #T030D A/M LT Fender liner | \$ 33.85 |
| 33 | Empire Auto Parts, MD Michelle Lo 8870 Greenwood Place Savage MD 20763 (240) 554-1300 | #T030C A/M RT Fender liner | \$ 33.85 |



Roadside Services

Allstate Motor Club, Inc.
Wholesale Billing Department
PO Box 4443
Carol Stream, IL 60197
SLALT@allstate.com

Allstate Insurance Corporation
866-447-4293 Fax

ATTN : Claims

Secondary Disablement (Pick Up):

Disablement (Pick Up):
WORK PLACE
15300 BARNEVILLE RD
BOYDS MD 20841

Program Offered: Secondary Towing Roadside Assistance
MOS: GHRN

Customer (Insured Name): PENA, CHI
Disablement (Vehicle Make): TOYOTA
Disablement (Vehicle Model): AVALON
Disablement (Vehicle Year): 2001

Secondary Disablement (Vehicle Make):
Secondary Disablement (Vehicle Model):
Secondary Disablement (Vehicle Year):

Billing Detail:

| | |
|--------------------|---------|
| Tow | \$80.00 |
| Additional Mileage | \$18.85 |
| Total Amount Due: | \$98.85 |

Detach & return this part with payment

Allstate Motor Club, Inc.
Wholesale Billing Department
PO Box 4443
Carol Stream, IL 60197
SLALT@allstate.com

Alternate ID (Ins Claim #): 000316811116
Service Date: 02/21/2014
Total Amount Due: \$98.85



